



PART B - FEE(S) TRANSMITTAL

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27316 7590 02/13/2007

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05/11/2007 HDEHES2 00000025 10718315

01 FC:1501 1400.00 OP
02 FC:1504 300.00 OP

Serene Keen (Depositor's name)
Serene Keen (Signature)
May 11, 2007 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10718,315	11/20/2003	Francesco Serino	GLM-1042A	9755

TITLE OF INVENTION: VASCULAR PROSTHESIS FOR THE TREATMENT OF ABDOMINAL AORTIC ANEURYSMS, USING A COMBINED LAPAROSCOPIC/ OPEN AND ENDOVASCULAR TECHNIQUE, AND DELIVERY SYSTEM FOR RELEASING A PROSTHESIS FITTED WITH ANCHORING STENTS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	5700 1400	\$300	\$0	1000 1700	05/14/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
ADAMS, AMANDA S	3731	623-001110

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.663).

- ☒ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Mayback + Hoffman, P.A.
2 Gregory L. Mayback
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Bolton Medical, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Sunrise, FL

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☐ Advance Order - # of Copies _____

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- ☐ A check is enclosed.
☒ Payment by credit card. Form PTO-2038 is attached.
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5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☒ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Typed or printed name

Gregory L. Mayback
Reg. No. 40,719

Date

Registration No.

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